

2015 Inside the Dome Report

Aging-Related Legislation & Budget Matters

Passed in the 2015 Regular and Special Session of the Connecticut General Assembly



TOPICS ADDRESSED “INSIDE THE DOME” DURING THE 2015 LEGISLATIVE SESSION:

Health Care	Abuse, Neglect and Exploitation
Long-Term Services and Supports	Consumer Protections
Caregivers	Livable Communities
Rights and Legal Matters	Prescription Drugs ...and more

Connecticut's Legislative Commission on Aging

Connecticut's Legislative Commission on Aging is a nonpartisan public policy and research office of the Connecticut General Assembly. For twenty-two years, the Legislative Commission has worked to prepare Connecticut for its growing aging population while promoting policies that enhance the lives of the present and future generations of older adults. Through its unique role in state government, the Legislative Commission:

- Shapes innovative public policies that reflect best practices, national trends and cost-optimizing strategies on multi-faceted and complex aging-related issues, including long-term services and supports rebalancing, workforce development and economic security;
- Promotes government accountability through review of, comment on and leadership in implementing legislation and other state policies, programs and plans that affect older adults and persons with disabilities;
- Establishes relationships with diverse stakeholders, including the legislative and executive branches of state government, municipalities, the business community, and philanthropic and nonprofit organizations, to align synergy, build consensus, and promote fiscal efficiency; and
- Analyzes demographic trends to prepare the state and communities for the broad-scale societal transformation that will result from a longer-lived, rapidly growing population of older adults.

The Commission innovates,
develops data and identifies and
analyzes responsible public policy.



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In the 2015 session of the Connecticut General Assembly, the Legislative Commission provided **testimony to 75 pieces of legislation across 10 legislative committees, tracked over 400 bills** and distributed a weekly tracking tool to legislators, legislative staff and a vast network of stakeholders. The Legislative Commission also provided an impact analysis on proposed budget options. All our work can be found on the Commission's website: <http://coa.cga.ct.gov/>

The Commission's staff works
together with twenty-one
volunteer board members and
countless partners from
across the state.

The 2015 Session of the Connecticut General Assembly

New Legislators and Leadership

On January 7th, 33 freshman legislators joined veteran lawmakers in the chambers, ready to tackle the Fiscal Year 2016-2017 Biennial Budget and a range of substantive policy issues. New leadership in both the House of Representatives and the Senate added to the excitement of the first days and weeks of the session.

Representative Themis Klarides was elected as the first female Republican Leader, joining Speaker Brendan Sharkey and Representative Joe Aresimowicz as the Leadership in the House of Representatives. Further, there was new leadership on both sides of the aisle in the Senate, with Senator Martin Looney as the new Senate President, Senator Bob Duff as the Majority Leader and Senator Len Fasano as the new Republican Leader.

Big Topics and State Budget

Throughout the session, legislators considered thousands of bills and concepts, some with robust discussions. Major topics included transportation reform, use of excessive force, aid in dying, tax policy reform, among others.

On June 3rd, the legislature passed the FY '16 and '17 Biennial Budget. As the regular session reached its constitutional deadline, legislators scheduled a special session to specifically address 1) the budget implementers, 2) the state bonding authorization and school construction, 3) excessive use of force, and 4) conveying certain parcels of state land.

The Special Session was held on June 29th. With the actions taken that day, the work of the Connecticut General Assembly was complete, with the exception of any business related to potential vetoes.



Scenes Around the Capitol...



Overview of Aging-Related Legislation and Budget Matters

HEALTH CARE & PRESCRIPTION DRUGS

Telehealth Standards: Establishes standards for health care providers who provide telehealth services. Requires certain health insurance policies to cover medical services provided through telehealth to the extent they cover the services through in-person visits. ([PA 15-88](#))

Alzheimer's Disease & Dementia Hospital Training. Training requirements were expanded to include hospital direct care staff. ([PA 15-129](#)) The bill stemmed from recommendations of the Alzheimer's Disease and Dementia Task Force.

Over-the-Counter Drugs: Expands the types of over-the-counter medications and products that the Department of Social Services (DSS) may pay for through Medicaid as DSS determined to be appropriate for coverage based on their clinical efficacy, safety, and cost effectiveness. ([PA 15-165](#))

CARE Act: The CARE Act would inform and support informal caregivers when an individual goes into the hospital or rehabilitation facility. The Act requires the hospital or rehabilitation facility to 1) record the name of informal caregivers upon admission to a hospital or rehabilitation 2) notify the caregiver if the individual is to be discharged to another facility or back home, and 3) provide caregiver with instruction of medical tasks that the caregiver will perform at home. ([PA 15-32](#))



LONG-TERM SERVICES AND SUPPORTS

Nursing Home Cost Reporting: Extends from December 31 to February 15 the annual deadlines for long-term care facilities to submit fiscal year (ending September 30) cost reports to the Department of Social Services (DSS). Extends from February 15 to April 1, the annual date by which DSS must report the date in the reports to the Appropriations Committee. ([PA 15-36](#))

State Payment for Reserved Beds: Prohibits state supplemental program benefits to residential care homes or rated housing facilities on behalf of a recipient when the recipient is absent if the bed is not available during his or her absence (i.e. structural damage to home and bed cannot be occupied) ([PA 15-102](#))

Domestic Workers: Eliminates the exemption of domestic workers from the Connecticut Human Rights and Opportunities statutes. ([PA 15-249](#))

Waiver Renewals: Applies current law for Medicaid waivers and State Plan Amendments to Waiver renewals. Requires that waiver renewals be submitted to certain legislative committees and the public prior to submitting to the federal government. ([PA 15-154](#))

ECONOMIC SECURITY AND FINANCIAL MATTERS

ABLE Accounts: Allows for the use of ABLE accounts. (The Achieving a Better Life Experience (ABLE) Act was authorized by Congress in 2014). Similar to a 529 account/CHET account, the ABLE account allows eligible individuals to have an account established in their name. Contributions and investments in an ABLE Account must be disregarded when determining eligibility for certain benefit programs including, Temporary Family Assistance, Energy assistance and Medicaid. Funds in these accounts must also be disregarded when determining eligibility for need based financial assistance for public colleges and universities. ([PA 15-80](#))

ABUSE, NEGLECT, EXPLOITATION

Civil Cause of Action Against Perpetrators of Abuse: Gives abused, neglected, exploited, or abandoned older adults a civil cause of action against perpetrators; and prohibits someone convicted of 1st or 2nd degree larceny or 1st degree abuse of an older adult, blind, person with disability or a person with intellectual disabilities from inheriting, receiving insurance benefits or receiving property from a deceased victim. ([PA 15-236](#))

Financial Institutions Training: Requires certain financial agents to receive training on elderly fraud, exploitation, and financial abuse; and requires the Legislative Commission on Aging to create a portal of training resources for financial institutions and agents. ([PA 15-236](#))

Mandated Reporting and Mandated Reporting Training Requirements: Makes Emergency Medical Services providers mandated reporters for elder abuse. Training on the detection of elder abuse must be provided to employees in institutions, organizations, agencies and facilities employing individuals who care for individuals over the age of 60. ([PA 15-236](#))

Elder Abuse Reporting: Requires the Department of Social Services after receiving a report of abuse, neglect or abandonment of individual in a nursing facility or residential care home to notify the residents' guardian, conservator, legally liable relative or other responsible party of the report. DSS must provide the notice as soon as possible, but not later than 24 hours ([PA 15-150](#))

Advanced Notice of Investigation or Complaint: Prohibits region long-term care ombudsmen, the Department of Public Health and the Department of Social Services employees from providing any health care institution, instead of only nursing or residential care homes advanced notice of a investigation or information about a complaint filed by a mandated reporter. ([PA 15-242](#))



Protective Services for the Elderly: Among other things, this bill allows the Department of Social Services (DSS) to petition the probate court to enter an older adult's home to conduct an assessment if DSS has reasonable cause to believe the person needs the services of protective services and the individual has refused to allow DSS to enter. The bill also changes the definition of neglect for purposes of DSS investigations and services. ([PA 15-233](#))

LEGAL RIGHTS, MATTERS, OVERSIGHT AND CONSUMER PROTECTIONS

Continuing Care Retirement Communities (CCRC) Bill of Rights: Establishes a process for facilitation of communication between residents and the CCRC which includes notice to residents in the event of major construction, a change in ownership, and increases in monthly fees. Also, makes changes to provider filing requirements to the Department of Social Services. ([PA 15-115](#))

Safeguarding of Resident Funds in Residential Care Homes. Extends to Residential Care Homes the notification and account management procedures for resident funds that exist in nursing facilities. ([PA 15-130](#))

Uniform Power of Attorney Act: Makes significant updates and changes to the Power of Attorney statutes aimed to prevent and detect Power of Attorney abuses. Among other things, the UPOAA allows a principal to grant an agent authority over more subjects, with more specific powers for agents, makes a POA durable, authorizes certain people to petition the probate courts to review a POA, etc. ([PA 15-240](#))



Administrative Hearings: Requires the Department of Housing to follow the same hearing and appeals procedures as the Department of Social Services. ([PA 15-29](#))

Home and Community Based Services Medicaid Waiver Approval Process: Requires the Department of Social Services to give more notice to the legislature or a new or amended HCBS waiver proposals, to provide a longer comment period and to publicize the material not only in the Connecticut Law Journal, but also the Department's website. ([PA 15-154](#))

Hospital/Physician Billing and Transparency: Beginning 2016, billing statements must disclose facility fees. Beginning in 2017, certain outpatient physicians offices would not be allowed to charge facility fees. Restricts "surprise billing" and provides patients with some financial protections if they are surprised billed. ([PA 15-146](#))

Language Interpreters in Hospitals: Requires hospitals to ensure that interpreters are available to patients whose primary language is spoken by at least 5% of the population residing in the hospital's geographic area. Current law requires hospitals to do so only to the extent possible. ([PA 15-34](#))

Health Information Exchange: Requires the Department of Social Services to establish a statewide health information exchange for access to patient health information and medical records across health care provider settings. ([PA 15-146](#))

Quality and Cost of Health Care Service: Health Information Exchange would be required to all patients to compare quality and price of health care services and settings. Patients may request (and the hospital must provide within 3 days) information about the cost of services and potential out of pocket expenses. Insurance companies must allow access to the estimated out-of-pocket expense. ([PA 15-146](#))

Medicare and Medicaid Applications: Adds requirements to the Nursing Home Bill of Rights that a resident is entitled to receive a copy of any Medicare or Medicaid application completed by a facility on a residents' behalf. ([PA 15-50](#))

CONSUMER PROTECTIONS, CONT.

Variable Rate Electric Rates: Among other things, this bill limits the fixed customer charge that each electric distribution company can seek in its next rate case by restricting the charge to recovering certain fixed costs and requires the Department of Energy and Environmental Protection (DEEP) to study and recommend ways to transform the EDCs' business model for supporting distributed energy resources (DER) in ways that meet certain requirements. ([PA 15-90](#))



LIVABLE COMMUNITIES

Livable Communities: Additional legislation further implements recommendations of the Aging-In-Place Task Force ([SA 12-6](#)), builds off of [PA 13-250](#) and Connecticut's Legislative Commission on Aging's livable communities initiative ([PA 13-109](#)). Bonding money was allocated in [PA 14-98](#) Section 9 (i) to the Department of Rehabilitation Services to establish a grant program for older adults and persons with disabilities for home modifications and assistive technology (\$6 million). [PA 15-1](#) Section 229 allows a non-profit organization contracted by DORS to administer the grant program.

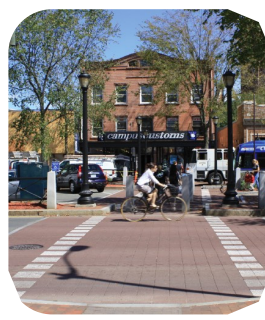


Bicycle Operation and Bikeways:

Several changes were made to laws pertaining to bicycle operation and bikeways. Additionally the Dept. of Transportation (DOT) is required to utilize the standards from the National Association of City Transportation Officials and Urban Bikeway and Urban Street design guides when updating design standards in the state. ([PA 15-41](#))

Tax Increment Financing: Tax increment financing (TIF) is a special funding tool that promotes investment in downtowns. This law expands TIF, allowing municipalities to create a defined district and plan, and then use the tax revenues generated

within the district for investment within the area. ([PA 15-57](#))



TASK FORCES STUDIES AND COUNCILS

Abuse, Neglect and Exploitation: Connecticut's Legislative Commission on Aging is required to study best practices for measuring, reporting and identifying elderly abuse, neglect, exploitation, and abandonment and submit a report to the Connecticut General Assembly by January 1, 2016. ([PA 15-236](#))

Health Care Cost Containment and Price Variation: Requires the Health Care Cabinet (formerly the Sustitnet Health Care Cabinet) to study health care cost containment models in other states and shall submit a report to the General Assembly by December 1, 2016 with recommendations for administrative, regulatory, and policy changes. The Insurance Commissioner must convene a working group to study the rising cost of care and price variation and submit recommendation to the General Assembly by January 1, 2016. ([PA 15-146](#))

Nutrition Services: The bill requires the stakeholders required by 17a-302a to study alternative sources for nutrition services and submit a report of its findings, including any recommendations they may have regarding nutrition services to the Aging Committee by July 1, 2016. ([PA 15-40](#))

PROPOSED LEGISLATION MOST LIKELY TO RETURN IN 2016

- Community Spouse Protected Amount
- Coverage of Telemonitoring under Medicaid
- Presumptive Eligibility for Home and Community Based Care
- Nursing Facility Minimum Staffing Levels
- Aid in Dying
- Enhanced Protections for Domestic Workers



STATE FISCAL YEAR 2016-2017 BIENNIUM BUDGET ([PA 15-244](#)) AND BUDGET IMPLEMENTER ([JUNE SPECIAL SESSION, PA 15-5](#))

Connecticut Home Care Program for Elders (CHCPE): Increases the cost-share for the state funded portion of the CHCPE from 7% to 9%. The budget placed a two year moratorium on intake to the level 1 portion of the CHCPE except for persons residing in assisted living demonstration sites.

Acuity Based Rate Setting: Allows the Department of Social Services to implement acuity-based methodology for Medicaid reimbursement of nursing home services.

Notification of Potential Medicaid Eligibility: Requires nursing homes to report when a resident has the potential to be eligible for Medicaid within six month period of time.

Nursing Facility Bed Moratorium: Indefinitely extends the moratorium on nursing home beds, revises exemptions and adds language clarifying parameters for relocating Medicaid beds between facilities.

Nurse Delegation of Medication Administration: Requires \$10 million in savings from nurse delegation. The implementer language allows the Department of Social Services to reduce the rates to meet the annualized savings presumed in the budget.

Burial Expenses: Reduces burial allowances for Medicaid recipients from \$1,800 to \$1,400.

Pharmacy Rates: Reduces Medicaid reimbursement of pharmacy rates for prescription drugs from the wholesale price of the drug minus sixteen percent to minus sixteen and one-half percent and reduce the professional fee from one dollar and seventy cents to one dollar and forty cents for each prescription dispensed.

Medicare Part D Co-Pays: Eliminates Medicare Part D wraparound co-pays. Currently, persons dually eligible for Medicare and Medicaid who are not receiving home and community-based services under Medicaid are responsible for paying up to \$15 per month in Medicare co-pays for Part D-covered drugs, with the state covering any costs that exceed this amount. The budget eliminates the state covering the costs that exceed the \$15, participants will now pay the full co-pay for each of their prescriptions. The co-payments per prescription range from \$1.20 to \$6.60 in 2015.

Medicare-Medicaid Enrollee (MME) Integrated Care Demonstration Project: Eliminates state funding for the MME (dually eligible) integrated care demonstration. The Department of Social Services (DSS) has indicated that they will continue to pursue certain aspects of this initiative.

State Innovation Model: Provide funding of \$517,500 in FY 16 and \$1,035,000 in FY 17 for State Innovation Model implementation. This was a reduction of the anticipated amount.

Reimbursement Rates for Medicaid: Reduces funding for some providers by \$10 million.

Paid Family and Medical Leave: Requires the Department of Labor in consultation with the state treasurer, state comptroller, commissioner of administrative services to develop procedures needed to implement paid family and medical leave program. It also requires that Department of Labor to contract with a consultant to develop an implementation plan and an actuarial analysis. The plan and actuarial analysis must be submitted to the Appropriations and Labor committee by February 1, 2016.

STATE FISCAL YEAR 2016-2017 BIENNIUM BUDGET ([PA 15-244](#)) AND BUDGET IMPLEMENTER ([JUNE SPECIAL SESSION, PA 15-5](#))

Acquired Brain Injury II Waiver: Provides funding for the implementation of the Acquired Brain Injury II Waiver.

Subsidized Assistive Living Demonstration: Reduces funding in FY '16 by \$120,300 and FY '17 \$122,750 for the assistive living demonstration project.

Performance Payments: Reduces ASO and home care performance payments by \$800,000 and \$900,000 in FY '16 and '17 respectively.

Alzheimer's Respite Care Program: Reduces funding by 5% . (This 5% was a standard reduction across many programs and services.)

Gatekeeper Program: Received an approximate 10 % reduction.

Direct Care Workers in Nursing Facilities: Provides \$13 million in funding for rate increases to nursing facilities for direct care workers. \$9 million was to be allocated to unionized nursing facilities and \$4 million to non-unionized nursing facilities. However, OPM has since posted a statement saying they will distribute funds equitably in order to compliant with federal law.

Community Placements for Individuals with Developmental Disabilities: Provides funding of \$4 million in FY '16 and \$12 million in FY '17.

Public Retirement Savings Plan: Provides \$250,000 in FY '16 and FY '17 to the Connecticut Retirement Security Board to conduct a market feasibility study on implementing a public retirement plan.

Transportation Infrastructure: Dedicates 0.3 percentage points from the state's 6.35 sales tax to transportation in the first year of the budget, 0.4 percentage points in the second, and 0.5 percentage points each year thereafter. But the other general fund resources owed to transportation are cancelled because of the deficit. The net result is that transportation actually loses \$32 million in the first year of the new budget, but there is a net investment of \$95.5 million in the second year. It's ahead \$195 million ahead by 2017-18. These investments fund the state's long-term transportation vision, which includes promoting community livability.

Handicap Parking Spaces: Bans owners or lessees of a private parking area, or an agent of the owner of lessee, to dump or place accumulated snow in a handicap parking space. The owner or lessee is subject to a fine of \$150 for first violation and \$250 for subsequent violations.

Affordable and Supportive Housing: Provides new investment for the creation of affordable and supportive housing. Investments include funding to the Department of Housing for rental subsidies for certain supportive housing, to the Department of Mental Health and Addiction Services (DMHAS) for wraparound services for chronically homeless individuals as part of the Governor's Zero: 2016 initiative, and for supportive housing services in certain locations.



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Photo credits: Senate and House Democrats, Senate and House Republicans, AARP Connecticut, ARC Connecticut, Bob Caroti, CT Newsjunkie, and the Office of Governor Dannel Malloy

Information Sources: Office of Legislative Research and other legislative offices, CGA website, Department of Social Services